

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)BALDUCCHI FOR POLK COUNTY SUPERVISOR**IMPORTANT:** Indicate type of committee you are reporting for: 4

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Kent A. Balduchi

Political Party

Democrat

Office Sought

Polk County Supervisor

District (if Senate or House)

Kent A. Balduchi
SIGNATURE OF TREASURER (or person filing this report)(559) 57-0210
TELEPHONE2/12/03
DATE SIGNED

FORM

DR-2

(Rev. 05/2002)

FolkDISCLOSURE
REPORT**For Office Use Only**Comm. # 17322Indexed sb

Audited

Computer sb

FEB 3 2003

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A 1-12-03 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 2☐ CHECK IF AMENDMENT TO REPORT DATED _____☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)****UNPAID BILLS** (From Schedule D - Attach Schedule D)***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

___ YES ___ NO

\$ 0

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial*** Statement of Organization
☒ This is an **amended*** Statement of Organization

FEB 3 2003

FORM DR-1 (Rev. 05/02)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # _____	
Indexed _____	
Audited _____	
Computer _____	

*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

COMMITTEE NAME (Required by law)

BALDUXHI FOR POLK COUNTY SUPERVISOR

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

4

COMMITTEE TREASURER (Required by law) This address used for all reminders and correspondence

COMMITTEE CHAIR (List additional officers on separate page)

Name MANDI O'DONNELL
 Mailing Address 2202 YORK STREET
 City, State Zip Code DES MOINES, IA 50316
 Phone (515) 265-4563
 e-Mail MANDIODONNELL@MSN.COM

Name KENT BALDUXHI
 Mailing Address 406 PLUMWOOD COURT
 City, State Zip Code ALTOONA, IA 50009
 Phone (515) 957-0210
 e-Mail N/A

INDICATE PURPOSE OF COMMITTEE - Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)
 Comment or description:

All Candidates Enter:

Office Sought: POLK COUNTY SUPERVISOR

District: 3

Political Party (if applicable) DEMOCRAT

Year Standing for Election: 2002

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: POLK

Date of Election: NOV. 5, 2002

Bank Account Name

BALDUXHI FOR POLK COUNTY SUPERVISOR
 Name of Financial Institution/type of Account COMMERCIAL FEDERAL BANK
 Mailing Address 2596 HUBBELL AVE
 City DES MOINES State IA Zip 50317

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

BALDUXHI FOR POLK COUNTY SUPERVISOR
 Mailing Address 406 PLUMWOOD COURT
 City ALTOONA State IA Zip 50009
 Phone (515) 957-0210
 e-Mail N/A

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: 4

- (1) DONATED TO _____ COUNTY CENTRAL COMMITTEE
 (2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)
 (3) DONATED TO CHARITABLE ORGANIZATION (specify) _____
 (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)
 (5) PARTISAN CONGRESSIONAL DISTRICT FUND

- (6) PRORATED REFUND TO CONTRIBUTORS
 (7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)
 (8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)
 (9) OTHER (PACS ONLY), PLEASE BE SPECIFIC _____

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Mandi O'Donnell
 Signature of Treasurer

Kent A. Balduxhi
 Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

October 16, 2002
 Date Signed

Jan 12, 2003
 Date Signed